



State of Arizona  
**RETAILER RENEWAL LICENSE APPLICATION**

Please select the license type you are applying for:

- Full Product License                       Instant Tab License

MRN						
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License No.						

**STORE INFORMATION**

<b>STORE Name:</b>		<b>STORE Phone:</b>
<b>STORE Address:</b>		
City:	County:	ZIP Code:
<b>NAME and PHONE Number of Store Contact:</b>		
ALTERNATE <b>STORE</b> Mailing Address (if applies):		
<b>Business Email:</b>		

**OWNERSHIP INFORMATION**

1. **How is the business owned?**

<input type="checkbox"/> Charitable Organization – 501(c)(3)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Arizona Corporation	<input type="checkbox"/> Out of State Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership

2. **NAME of Corporation, L.L.C. or Partnership:**

Corporate Address:  Same as Store

City:	State:	ZIP Code:
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Corporate Contact (if applies):                      Contact Phone:

3. **LIST name and title of all Owners, Officers, Members, or Partners affiliated with this business:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**FOR LOTTERY USE ONLY**

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Executive Director or Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*State of Arizona*  
**RETAILER RENEWAL APPLICATION**  
**(Continued)**

**GENERAL INFORMATION**

1.  YES  NO Is the business compliant the accessibility requirements under the Americans with Disabilities Act?
2.  YES  NO Does the business sell alcoholic beverages? If yes, please provide the following:  
Arizona Liquor License No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_
3.  YES  NO Is the business currently delinquent in the payment of any Federal, State, County or Local Tax, or any other financial obligation to a government agency? If yes, please attach detailed statement.
4.  YES  NO Is the business property leased? - If yes, property owner name: \_\_\_\_\_
5.  YES  NO Is the business located on Indian Tribal Lands? **If yes, Name of Tribe** \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have reviewed the information provided in this application and that it is current, complete, and accurate. I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT APPLICANT NAME**

\_\_\_\_\_  
**TITLE**



*State of Arizona*  
**APPLICATION FOR LOTTERY RETAILER LICENSE**  
**Personal Questionnaire**  
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,  
 MEMBER, AND OFFICER

MRN

Arizona law requires the Lottery to conduct a background investigation on all applicants for a retail license, including a review of criminal history, credit, and financial solvency.

**PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE N/A**

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle Initial

Alias: \_\_\_\_\_ Sex:  Male  Female Place of Birth: \_\_\_\_\_  
Any other names you have been known by

Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State of Residency \_\_\_\_\_

US Citizen?  YES  NO If not a US Citizen, do you have one of the following?

Resident Alien Card?  NO  YES If Yes, Resident Alien No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Work Permit or Visa?  NO  YES If Yes, Permit or Visa No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Contact numbers: \_\_\_\_\_  
Business Phone Home Phone Cell Phone

EMAIL (Please provide): \_\_\_\_\_

Are you married?  NO  YES Spouse's Name: \_\_\_\_\_  
First Middle Initial Last Maiden

**RESIDENTIAL HISTORY**

**Where have you lived for the last 5 YEARS?** (Include any out-of-county addresses - Attach additional sheet if necessary)

FROM		TO		STREET ADDRESS	CITY	STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

**IF ANY ANSWER TO THE FOLLOWING QUESTIONS IS "YES," YOU MUST ATTACH A DETAILED SIGNED STATEMENT.**

1. Have you ever been convicted for violating any law or ordinance?  Yes  No
2. Have you ever had an application for any business, professional or liquor license denied?  Yes  No
3. Have you ever had any business, professional or liquor license suspended or revoked?  Yes  No
4. Are you delinquent in the payment of any federal, state, or local tax?  Yes  No

State of Arizona

APPLICATION FOR LOTTERY RETAILER LICENSE  
PERSONAL Questionnaire (Continued)

INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS BY INITIALING ON THE LINE PROVIDED. IF YOU DO NOT AGREE, YOU MUST ATTACH A SIGNED STATEMENT GIVING THE REASONS.

Initial

\_\_\_\_\_ I agree to review and become familiar with the Arizona Lottery laws, rules and regulations before I sell any lottery tickets.

\_\_\_\_\_ I agree to notify the Arizona Lottery of any proposed change of ownership, business name, or address prior to making any such changes.

\_\_\_\_\_ During the term of my retailer license (if issued), I consent to the entrance and inspection by Arizona Lottery official(s), without a warrant or other process, of my licensed premises to determine whether I am complying with the Arizona Lottery laws, rules, and regulations.

\_\_\_\_\_ I consent to an investigation of my background, including a review of police and credit records, and all records of any other kind and description, and I hereby waive any rights and causes of action against the Arizona Lottery and any disclosing individual or agency relating in any way to the release and review of these records.

\_\_\_\_\_ I agree to return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery upon demand. I further agree that in the event that I close my business, I will return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery before I close my business.

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY that:**

- (i) I have reviewed the information provided in this application and that it is current, complete, and accurate;**
- (ii) I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license;**
- (iii) I will either return for credit or pay for all lottery tickets sold under the license issued; and**
- (iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
Title



State of Arizona  
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Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  

Last
First
Middle Initial

Alias: \_\_\_\_\_ Sex:  Male  Female Place of Birth: \_\_\_\_\_  
Any other names you have been known by

Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State of Residency \_\_\_\_\_

US Citizen?  YES  NO If not a US Citizen, do you have one of the following?

Resident Alien Card?  NO  YES If Yes, Resident Alien No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
***If yes, Please attach copy***

Work Permit or Visa?  NO  YES If Yes, Permit or Visa No.: \_\_\_\_\_ Expire Date \_\_\_\_\_  
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Contact numbers: \_\_\_\_\_  

Business Phone
Home Phone
Cell Phone

EMAIL (Please provide): \_\_\_\_\_

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Date

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PRINT Name of Applicant

\_\_\_\_\_  
Title